

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30.</i>			1. REQUISITION NUMBER A21287116		PAGES 1 OF (2) PAGE(S)
2. CONTRACT NO. GS11Q17BJC0004		3. AWARD/EFFECTIVE DATE 11/23/2016	4. ORDER NUMBER		5. SOLICITATION NUMBER
7. FOR SOLICITATION INFORMATION CALL:		a. NAME		b. TELEPHONE NUMBER ( <i>No Collect Calls</i> )	8. OFFER DUE DATE/ LOCAL TIME
9. ISSUED BY GSA Region 11 Daniel K. Higgins 3017th St.SW WASHINGTON, DC 20407-0001 United States 202-708-5627		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS: 541511 SIC: SIZE STANDARD: \$27 Million		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED Destination	
				12. DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS	
				<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	
				13b. RATING	
14. METHOD OF SOLICITATION RFQ					
15. DELIVER TO Kirsten Green GSA/FTS/8TF, Denver Federal Center Building 41 Denver, CO 80225-0526 United States (303) 236-7311		16. ADMINISTERED BY Daniel K. Higgins 202-708-5627			
17a. CONTRACTOR/ OFFEROR (b) (6) EQUIFAX INFORMATION SERVICES LLC 1550 Peachtree St. NE Atlanta, GA 30309-2402 United States 949-566-3626		18a. PAYMENT WILL BE MADE BY General Services Administration (FUND) The contractor shall follow these <a href="#">Invoice Submission Instructions</a> . The contractor shall submit invoices electronically by logging into the ASSIST portal ( <a href="https://portal.fas.gsa.gov">https://portal.fas.gsa.gov</a> ), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the GSA Finance Center (neither by mail nor via electronic submission).			
17b. <input type="checkbox"/> CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED			
19. ITEM NO	20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE
ITEM NO.	TASK ITEM DESCRIPTION			PREVIOUS MOD AMT	MOD CHANGE AMT
0001	Identity Proofing Services Task 1- CLIN 0001			(b) (4)	(b) (4)
0002	Implementation Fee- CLIN 0002			(b) (4)	(b) (4)
0003	Initial Solution Consulting- CLIN 0003			(b) (4)	(b) (4)
0004	Follow-on Solution Consulting- CLIN 0004			(b) (4)	(b) (4)
The Period of Performance is below: Base Period: 11/23/2016-07/22/2017 Option Period: 07/23/2017-11/22/2017					
25. ACCOUNTING AND APPROPRIATION DATA 285F . Q11FA000 . AA20 . 25 . AF151 . H08 . . .			26. TOTAL AWARD AMOUNT ( <i>For Govt. Use Only</i> ) \$3,351,424.00		
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 and 52.212-5 ARE ATTACHED. ADDENDA ATTACHED. <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ATTACHED.					
28. CONTRACTOR IS NOT REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE.  <input type="checkbox"/> CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.			29. AWARD OF CONTRACT: REFERENCE OFFER DATE . YOUR OFFER ON SOLICITATION (BLOCK 5) INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:		
30a. SIGNATURE OF OFFEROR/CONTRACTOR		31a. UNITED STATES OF AMERICA ( <i>SIGNATURE OF CONTRACTING OFFICER</i> )  Daniel K. Higgins			
30b. NAME AND TITLE OF SIGNER ( <i>Type or print</i> )	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER ( <i>Type or print</i> ) Daniel K. Higgins 202-708-5627		31c. DATE SIGNED 11/23/2016	
32a. QUANTITY IN COLUMN 21 HAS BEEN		32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE		32c. DATE	
32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE			

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT
37. CHECK NUMBER		38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		40. PAID BY	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER GSA Finance Customer Support 816-926-7287	41c. DATE	42a. RECEIVED BY ( <i>Print</i> )	
		42b. RECEIVED AT ( <i>Location</i> )	
		42c. DATE REC'D ( <i>YY/MM/DD</i> )	42d. TOTAL CONTAINERS
AUTHORIZED FOR LOCAL REPRODUCTION	SEE REVERSE SIDE FOR OMB CONTROL NUMBER AND PAPERWORK BURDEN STATEMENT		<b>STANDARD FORM 1449</b> (REV. 4-2002) Prescribed by GSA - FAR (48 CFR) 53.212